

<i>SERFF Tracking Number:</i>	<i>BFLI-126028591</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bankers Fidelity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41569</i>
<i>Company Tracking Number:</i>	<i>AR B 9502 AP2009</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Application for Life Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Bankers Fidelity Life Insurance Company

Product Name: Application for Life Insurance SERFF Tr Num: BFLI-126028591 State: Arkansas
 TOI: L08 Life - Other SERFF Status: Closed-Approved-Closed State Tr Num: 41569

Sub-TOI: L08.000 Life - Other Co Tr Num: AR B 9502 AP2009 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Authors: Jill Jones, Tina Cunningham Disposition Date: 02/18/2009
 Date Submitted: 02/16/2009 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: submitted to GA DOI via SERFF
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 02/18/2009	Explanation for Other Group Market Type:
	State Status Changed: 02/18/2009
Deemer Date:	Created By: Jill Jones
Submitted By: Tina Cunningham	Corresponding Filing Tracking Number:
Filing Description:	

The enclosed application form is being submitted to your department for formal review and approval. This form will replace application B 9502 AP99 which was approved by your department on 01-19-1999. This application will be used to solicit various life insurance products that have been or will have been previously approved by your department; a representative sample of the products to be offered is shown in the bracketed selection area. Solicitation will be performed by personally producing, licensed and contracts agents and brokers.

Company and Contact

SERFF Tracking Number:	BFLI-126028591	State:	Arkansas
Filing Company:	Bankers Fidelity Life Insurance Company	State Tracking Number:	41569
Company Tracking Number:	AR B 9502 AP2009		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Application for Life Insurance		
Project Name/Number:	/		

Filing Contact Information

Jill Jones, Director, Legal/Compliance	jjones@atlam.com
4370 Peachtree Rd NE	404-266-5657 [Phone]
Atlanta, GA 30319	404-926-4034 [FAX]

Filing Company Information

Bankers Fidelity Life Insurance Company	CoCode: 61239	State of Domicile: Georgia
4370 Peachtree Rd NE	Group Code: 587	Company Type: Life & Health
Atlanta, GA 30319	Group Name: 61239	State ID Number:
(404) 266-5600 ext. [Phone]	FEIN Number: 58-0658963	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Fidelity Life Insurance Company	\$25.00	02/16/2009	25742705

SERFF Tracking Number:	BFLI-126028591	State:	Arkansas
Filing Company:	Bankers Fidelity Life Insurance Company	State Tracking Number:	41569
Company Tracking Number:	AR B 9502 AP2009		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Application for Life Insurance		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/18/2009	02/18/2009

<i>SERFF Tracking Number:</i>	<i>BFLI-126028591</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bankers Fidelity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41569</i>
<i>Company Tracking Number:</i>	<i>AR B 9502 AP2009</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Application for Life Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 02/18/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	BFLI-126028591	State:	Arkansas
Filing Company:	Bankers Fidelity Life Insurance Company	State Tracking Number:	41569
Company Tracking Number:	AR B 9502 AP2009		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Application for Life Insurance		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Supporting Document	Policy Forms and Optional Riders		Yes
Supporting Document	Statement of Variability		Yes
Form	Application for Life Insurance		Yes

SERFF Tracking Number: BFLI-126028591 State: Arkansas
Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 41569
Company Tracking Number: AR B 9502 AP2009
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Application for Life Insurance
Project Name/Number: /

Form Schedule

Lead Form Number: B 9502 AP2009

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	B 9502 AP2009	Application/ Enrollment Form Application for Life Insurance	Initial		68.200	B 9502 AP2009 john doe.pdf

BANKERS FIDELITY LIFE INSURANCE COMPANY
4370 Peachtree Road, N.E., P. O. Box 105185, Atlanta, GA 30348-5146

APPLICATION FOR LIFE INSURANCE

PLEASE PRINT

Agent/Broker Name <u>Joe Agent</u>	Agent # <u>00001</u>
---------------------------------------	-------------------------

PROPOSED INSURED(S) (First Name, Middle Initial, Last Name)	Relationship To Insured	Social Security Number	Sex	Place (State) of Birth	Age	Born			Height & Weight		
						Month	Day	Year	Feet	Inches	Lbs
<u>John D. Doe</u>	Primary Insured	<u>000-00-0001</u>	<u>M</u>	<u>GA</u>	<u>50</u>	<u>01</u>	<u>01</u>	<u>59</u>	<u>6</u>	<u>2</u>	<u>180</u>
	Spouse										
Residence Address (Street or Route & Box No.) <u>#1 Main St</u>		City <u>ATL</u>	County <u>DEK</u>	State <u>GA</u>	Zip Code <u>30000-0001</u>						
Telephone Number (<u>404</u>) <u>123-4567</u>	Best Time to Call: <u>8</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		Proposed Insured E-mail Address: <u>johnddoe@email.com</u>			Mail Policy To: <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Agent					

PRINT—To whom should premium notices be sent? ☒ Same address as Proposed Insured, or:

Payor name _____ Phone number _____
Complete Address: _____

SELECT THE COVERAGE YOU WANT BY CHECKING THE APPROPRIATE BOXES BELOW

LIFE INSURANCE: <input checked="" type="checkbox"/> Ordinary Whole Life <input type="checkbox"/> 20 Pay Whole Life <input type="checkbox"/> Single Premium Whole Life <input type="checkbox"/> Life Paid-Up at 65 <input type="checkbox"/> Level Term _____ years Requested Face Amount: \$ <u>50,000</u> Optional Riders* *Please refer to plan brochure for availability and issue ages. <input type="checkbox"/> Children's Insurance Rider _____ Units (Max. 6) <input type="checkbox"/> Family Insurance Rider _____ Units (Max. 6) <input type="checkbox"/> Accidental Death Benefit <input type="checkbox"/> Waiver of Premium Automatic Premium Loan: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	PREMIUM MODE: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly Bank Draft* <input type="checkbox"/> Monthly Credit Card* *Requested Draft Date <u>15th</u> *Not available on Single Premium REQUESTED EFFECTIVE DATE: <u>03-15-09</u> PREMIUM CLASS: Select One: <input checked="" type="checkbox"/> Preferred <input type="checkbox"/> Standard Select One: <input checked="" type="checkbox"/> Non-Tobacco* <input type="checkbox"/> Tobacco *Has not used any tobacco product in the last 3 years. BILLING TYPE: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Family* *Complete Family Billing Form B 0129 FB/LB	MODAL PREMIUM COMPUTATION: Annual Premium \$ <u>xxx.</u> +Children's Insurance Rider.....\$ _____ +Family Insurance Rider.....\$ _____ +Accidental Death.....\$ _____ +Waiver of Premium\$ _____ +Annual Policy Fee.....\$ <u>50.00</u> Total Annual Premium\$ _____ xModal Factor.....\$ _____ = Total Initial Premium Paid.....\$ <u>xxx.xx</u> <input type="checkbox"/> Check/money order included. <input type="checkbox"/> Charge credit card for initial premium. <input checked="" type="checkbox"/> Draft initial premium.* *Initial premium draft date <u>03-01-09</u>
---	--	---

Name of Primary Beneficiary(ies)	Relationship	Social Security No. (If known)	Address	Telephone No.
<u>Jane D. Doe</u>	<u>wife</u>	<u>000-00-0002</u>	<u>same</u>	<u>same</u>
Name of Contingent Beneficiary(ies)	Relationship	Social Security No. (If known)	Address	Telephone No.
Name of Payor (If other than Insured)	Relationship	Social Security No. (If known)	Address	Telephone No.
Name of Owner (If other than Insured)	Relationship	Social Security No. (If known)	Address	Telephone No.

2. (a) Does the Proposed Insured currently have any life insurance policies or annuities in force or pending?..... ☐ Yes ☒ No
 (b) Will any life insurance or annuities be replaced with this policy of level whole life insurance?..... ☐ Yes ☒ No
 If "Yes," which company(ies)? _____ Policy No(s) _____
 If "Yes" to part (a) or (b), complete Replacement Notice.

3. Is each Proposed Insured a legal citizen of the United States or its possessions? ☒ Yes ☐ No

If "No,"	Name	Permanent Resident	If Permanent Resident: INS #	Category	Resident Since	Card Expires
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				

If not a Permanent Resident, coverage is not available for that person.

4. In the last 7 years, has any Proposed Insured been medically diagnosed with or treated by a member of the medical profession for:

- (a) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV)? ☐ Yes ☒ No
- (b) any lipidosis, including Gaucher's, Niemann-Pick, Tay-Sach's or Wolman's? ☐ Yes ☒ No

If the answer to any part of Question 4 is "Yes," coverage is not available for that Proposed Insured(s)

5. In the last 5 years, has any Proposed Insured been medically diagnosed with or treated by a member of the medical profession for or taken prescription medicine for:

- (a) heart disease or disorder of any kind, including but not limited to heart attack, congestive heart failure (CHF), heart surgery, or angina? ☐ Yes ☒ No
- (b) circulatory disease or disorder of any kind, including but not limited to stroke of any kind, aneurysm or blood vessel disorder? ☐ Yes ☒ No
- (c) respiratory disease or disorder of any kind, including but not limited to emphysema, chronic obstructive pulmonary disease (COPD) or any chronic lung disease? ☐ Yes ☒ No
- (d) diabetes of any kind or kidney/renal disease or disorder, including but not limited to kidney/renal insufficiency, kidney/renal failure, dialysis or kidney transplant? ☐ Yes ☒ No
- (e) liver disease or disorder, including but not limited to cirrhosis of the liver, fatty liver, or hepatitis? ☐ Yes ☒ No
- (f) internal cancer, leukemia, malignant melanoma or Hodgkin's disease? ☐ Yes ☒ No
- (g) brain disease or disorder of any kind, including but not limited to Alzheimer's disease, brain tumor, Down's syndrome, cerebral palsy, mental retardation, seizure disorder of any kind or mental illness or disorder? ☐ Yes ☒ No
- (h) degenerative disease or disorder of the muscles or nerves of any kind, including but not limited to Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's disease), multiple sclerosis, muscular dystrophy, rheumatoid arthritis, any injury to back, neck, or spine or Parkinson's or Huntington's disease? ☐ Yes ☒ No
- (i) alcoholism or drug addiction, abuse or dependency? ☐ Yes ☒ No

6. In the past 5 years, has any Proposed Insured been medically treated by a physician? ☐ Yes ☒ No

7. In the past 2 years, has any Proposed Insured been advised by a physician to have any medical or surgical treatment or tests and not done so? ☐ Yes ☒ No

8. Provide details to any "Yes" answers to questions 4 through 7. Include Proposed Insured's name, question number, date, diagnosis, physician's name and address: (if additional space is needed attach separate page and have Proposed Insured sign and date.) _____

9. List all prescription drugs the Proposed Insured is currently taking or has been medically advised to take:

(If "None," so state; if additional space is needed attach separate page and have Proposed Insured sign and date.)

Medication	Amount	Condition for Which Prescribed	Currently Taking?
NONE			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Please give name and address of any physician you have consulted in the last 3 years and the date and reason consulted:

Name	Physician's Name	Address	Date and Reason Last Consulted
	Dr. Bob	#1 Physicians CA ATL	01-01-09 annual physical

(Application continued on Next Page)

11. Please provide a family record for the Primary Insured:

	LIVING		DECEASED	
	Age	State of Health (If poor, give reason)	Age at Death	Cause of Death
Father	80	good		
Mother	75	good		
Brother(s)				
Sister(s)				

12. Is the Primary Insured actively at work on a full-time basis and have they been for the past 30 days? ☒ Yes ☐ No

Occupation of Proposed Primary Insured: Manager Job Title: Manager

Duties: Manage Years employed: 30

Name and address of employer: ABC Offices Inc #1 Business Ave ATL GA

Employed full-time at least 30 hrs./week? ☒ Yes ☐ No If 'No', how many hours per week? _____

Average monthly earnings last 12 months (after business expenses) \$ 150,000

13. In the past 3 years, has any Proposed Insured had:

(a) 3 or more violations? ☐ Yes ☒ No

(b) been charged with driving while intoxicated or under the influence? ☐ Yes ☒ No

(c) had their driver's license suspended or revoked? ☐ Yes ☒ No

If 'Yes', provide: Proposed Insured's Name: _____

Driver's License #: _____ State Issued: _____

14. Does any Proposed Insured:

(a) fly an airplane, ultralight or helicopter? (If 'Yes', complete Aviation form.) ☐ Yes ☒ No

(b) currently participated in, has participated in the last 3 years, or intend to participate in the future in parachuting, sky diving, hang gliding, underwater/SCUBA diving, rodeoing, mountain climbing, professional sports or organized racing of any kind? (If 'Yes', complete Avocation questionnaire.) ☐ Yes ☒ No

15. I, the undersigned Applicant, hereby apply to Bankers Fidelity Life Insurance Company for a policy to be issued solely and entirely in reliance on my written answers to the above questions. I represent that the answers given are, to the best of my knowledge and belief, true. I agree the policy shall not be effective unless it has actually been issued, received by the Owner and the first premium paid and honored upon first presentation, all during the Proposed Insured's lifetime and before any change in the Proposed Insured's health as stated herein. I have received a "Life Insurance Buyer's Guide."

The undersigned Applicant and/or Proposed Insured and agent state that the Applicant and/or Proposed Insured have read or had read to him the completed application and that the Applicant and/or Proposed Insured realize that any false statement or material misrepresentation in the application may result in loss of coverage under the policy(ies), subject to the "Incontestability" provision of the policy.

CAUTION: If the answers on this application are materially incorrect or untrue, Bankers Fidelity Life Insurance Company may have the right to deny benefits or contest your policy, subject to the "Incontestability" provision of the Policy.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be committing a fraudulent insurance act, which is a crime and could subject such person to criminal and civil penalties.

Dated at ATL GA, on 02-15-09 X

Proposed Insured's signature. Please read item 15 before signing.
*The Proposed Insured is the Applicant and Owner unless otherwise indicated.

X _____
Spouse's signature (Proposed Insured if family insurance applied for)

X _____
Owner's signature (If Other than Applicant or Proposed Insured)

X _____
(Applicant's signature if other than Proposed Insured)

X _____
Signature of Parent if Proposed Insured is less than 15 years old and Parent is NOT the Owner.

X John Doe 00001
Agent's signature Agent's number

16. (a) Does the Proposed Insured currently have any life insurance policies or annuities in force or pending?..... ☐ Yes ☒ No
 (b) Will any life insurance or annuities be replaced with this policy of level whole life insurance? ☐ Yes ☒ No
 If "Yes" to part (a) or (b) complete Replacement Notice.

I, the undersigned agent, certify that: (1) I have personally interviewed the Proposed Insured; (2) I have accurately recorded the information supplied by the Applicant and/or Proposed Insured; and (3) I have given the Applicant and/or Proposed Insured a "Life Insurance Buyers Guide."

Is the Proposed Insured related to you? ☐ Yes ☒ No If "Yes," explain relationship: ☐ Self ☐ _____
 If "Yes," the co-signature of an independent third party is required.

I certify that I have independently verified the Proposed Insured's identity as required by the USA Patriot Act (PL 107-56) by viewing or through a U.S. Federal or state government-issued photo I.D.:

☒ Drivers License ☐ Passport ☐ Government-issued identification card ☐ Other _____

Dated at ATL Ga, on 02-15-05
 City and State Month, Day, Year

X Jean August 00001
 Agent's signature Agent's number
 X _____
 Co-signature (if required)

SERFF Tracking Number: BFLI-126028591 State: Arkansas
Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 41569
Company Tracking Number: AR B 9502 AP2009
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Application for Life Insurance
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: B 9502 AP2009 Flesch Cert.pdf Guaranty Association.pdf Consumer Notice.pdf AR B 9502 AP2009 Certificate of Compliance.pdf		
Bypassed - Item: Application Bypass Reason: Application was filed under the form schedule. Comments:		
Satisfied - Item: Cover Letter Comments: Attachment: AR B 9502 AP2009 cvr ltr 2-16-09.pdf		
Satisfied - Item: Policy Forms and Optional Riders Comments: Attachment: AR B 9502 AP2009 - POLICY FORMS AND OPTIONAL RIDERS.pdf		

<i>SERFF Tracking Number:</i>	<i>BFLI-126028591</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bankers Fidelity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41569</i>
<i>Company Tracking Number:</i>	<i>AR B 9502 AP2009</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Application for Life Insurance</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Satisfied - Item: Statement of Variability

Comments:

Attachment:

B 9502 AP2009 Statement of Variability.pdf

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

(404) 266-5657

FLESCH SCORE CERTIFICATION

B 9502 AP2009 – Application

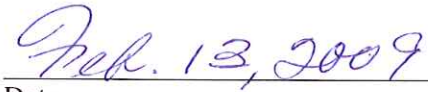
Words:	551
Sentences:	27
Syllables:	768
Score:	68.20

I hereby certify that the Flesch reading ease score of the above form is as shown.



Sharon A. Busch

Vice President; Legal/Compliance



Date

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are member of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting the insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice.

The Arkansas Life and Health Insurance Guaranty Association
C/o The Liquidation Division
1023 West Capitol, Suite 2
Little Rock, Arkansas 72202

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different type of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

BANKERS FIDELITY LIFE INSURANCE COMPANY

Atlanta, Georgia

The following information is being provided to you in accordance with Act 197 of the Arkansas Department of Insurance Regulations:

Bankers Fidelity Life Insurance Company

Policyholder Service Department

4370 Peachtree Road, N.E.

Atlanta, Georgia 30319

Toll-Free: 866-458-7500

Fax: (404) 926-4033

bflphs@atlam.com

If we at Bankers Fidelity Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Department of Insurance

Consumer Service Division

1200 West Third Street

Little Rock, Arkansas 72201-1904

(510) 371-2640, (800) 852-5494

Fax: (501) 371-2749

insurance.consumers@arkansas.gov

Your Agent:

{FId0240}

{FId0241} {FId0242}

{FId0243} {FId0244}

{FId0245}

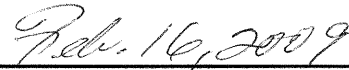
This notice is for information only and does not become a part or condition of your policy.

Certificate of Compliance

I, the undersigned, declare that I am an officer, or authorized representative of an officer, of Bankers Fidelity Life Insurance Company, and that I have the authority to bind that organization by my signature. I have reviewed the contents of this filing and all applicable sections of the Arkansas Insurance code, rules and bulletins. I certify that all documents contained herein comply with said code, rules and bulletins, are in final printed format and all terms contained therein appear exactly as they will appear when offered for issuance of delivery in the State of Arkansas.



Officer Signature



Date

Sharon A. Busch

Print Name of Officer

Vice President, Legal/Compliance

Officer's Title



February 16, 2009

Mr. Joe Musgrove
Department of Insurance
1200 W Third Street
Little Rock, AR 72201-1904

RE: Bankers Fidelity Life Insurance Company NAIC # 587-61239 FEIN # 58-0658963
New Form: B 9502 AP2009 - Application for Life Insurance

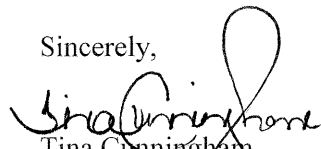
Dear Mr. Musgrove:

The enclosed form is being submitted to your department for formal review and approval. This application will replace application form B 9502 AP99 which was approved by your department on 01-19-1999.

This application will be used to solicit various life insurance products that have been or will have been previously approved by your department; a representative sample of the products to be offered is shown in the bracketed selection area. Solicitation will be performed by personally producing, licensed and contracts agents and brokers.

Thank you for your time in review of this filing. If you have any questions, or need additional information, please contact me at: direct 404-266-5723; toll-free 1-800-241-1439, ext. 5723; fax 404-926-4092 or email tcunningham@atlam.com.

Sincerely,


Tina Cunningham
Compliance Analyst I

POLICY FORMS AND OPTIONAL RIDERS
for Application B 9502 AP2009
Arkansas

The following policy forms may be solicited:

<u>Form Number</u>	<u>Description / Title</u>	<u>Approved by State</u>
B 20601	Level Term	01-11-2006
B 20602	4-Year Term	12-02-2008
B 20604	Endowment at Age 100 - Level Life Insurance	07-10-2006
B 20605	Endowment at Age 100 - Level Life Insurance	07-10-2006
B 20801	Level Whole Life	10-06-2008
B 20802	Graded Face Amount - Modified Whole Life	12-02-2008
B 20803	Level Whole Life	10-21-2008

The following optional riders may be solicited:

<u>Form Number</u>	<u>Description / Title</u>	<u>Approved by State</u>
BFL-ADB	Accidental Death Benefit	01-18-1988
BFL-CIR	Children's Insurance Rider	01-18-1988
BFL-FIR	Family Insurance Rider	01-18-1988
BFL-WPD	Waiver of Premium Rider	01-18-1988
B 0108 WP NHC	Waiver of Premium Rider	07-01-1997
B 0109 TI ADB 25	Accelerated Death Benefit Rider	07-22-1997
B 0109 TI ADB 25/50	Accelerated Death Benefit Rider	07-22-1997
B 0109 TI ADB 50	Accelerated Death Benefit Rider	07-22-1997
B 0109 TI ADB 50/50	Accelerated Death Benefit Rider	07-22-1997

STATEMENT OF VARIABILITY - B 9502 AP2009

<u>Item</u>	<u>Page #</u>	<u>Description of Variability</u>
Product Selection Options	1	In addition to the products shown, "Endowment" - or other policy forms - may be added (based on state approval of the appropriate policy form); products may also be removed if discontinued at a later date
Optional Riders	1	In addition to the riders shown, "Accelerated Death" and/or "Waiver of Premium for Hospital Confinement" may be added, other riders could be added if approved by the state at a later date; riders may also be removed if discontinued at a later date
Premium Modes	1	"Monthly Direct" or "Monthly Payroll Deduction" may be added; premium mode options may be removed if discontinued at a later date
Premium Class	1	Additional premium classes may be added if developed in the future; i.e. Preferred Plus or smoker instead of tobacco. Classes may also be removed if discontinued at a later date
Billing Type	1	Additional billing types may be added if developed in the future or removed if discontinued at a later date
Modal Premium Computation	1	Changes will be made to reflect any changes made to Product Selection Options or Optional Riders; the initial premium boxes may be changed to reflect any changes in the Premium Mode options